
Grievance Form

This form may be used by students to file a disability-related grievance at The Medical University of South Carolina.

This document, once fully completed, should be returned to:

Mike Vanderhurst
504 ADA Student Coordinator
20 Ehrhardt Street – Unit #2
P.O. Box 250205
Charleston, SC 29425
Phone: (843) 792-1282 / Fax: (843) 792-9581
E-Mail: vanderm@musc.edu

We advise you to retain a copy for your own records.

Further information about the rights of and resources for students with disabilities at MUSC and the grievance procedure currently in place can be found at:

<http://www.musc.edu/ada>

The Medical University of South Carolina (MUSC) has adopted an internal grievance procedure providing for the equitable resolution, within a reasonable time, of complaints by students with disabilities alleging violations of their rights under the Americans with Disabilities Act (“ADA”) and under Section 504 of the Rehabilitation Act of 1973 (“Section 504”).

All requests for accommodations or special services should first be brought to the [College Coordinator](#) and or the [504 ADA Student Coordinator](#). Problems with accommodations or services that have been previously agreed upon should also first be reported to your College Coordinator and or the 504 ADA Student Coordinator.

If you are unable to resolve the matter with your College Coordinator, and or the 504 ADA Student Coordinator, you and the College Coordinator should forward a request to the EEO/Affirmative Action Director at the following address:

Wallace Bonaparte
Director of EEO/Affirmative Action
20 Ehrhardt Street – Unit #2
P.O. Box 250205
Charleston, SC 29425
Phone: (843) 792-1568 / Fax: (843) 792-9581
E-Mail: bonaparw@musc.edu

- B. The request for review must be filed within twenty (20) days of the final response of the College Coordinator to the student's request. The request for review shall specify:
- i. *The accommodation or service requested;*
 - ii. *The reason for the request;*
 - iii. *The response of the Coordinator to the request.*
- C. The EEO/AA Director shall investigate the matter and will attempt to resolve any dispute informally. If the matter cannot be resolved informally, the Director will issue a written decision within fifteen (15) working days after receiving the complaint. The Director and the student may mutually agree on an exact extension of time if additional information gathering is necessary.
- D. The 504 ADA Student Coordinator shall maintain files and records relating to the Grievance.

The right of the student to an equitable and timely resolution of a complaint filed hereunder shall not be impaired by the person's pursuit of other remedies such as the filing of a complaint with the responsible federal or state department agency.

Date: _____

My name is _____. I am presently a student at MUSC and

I am attending _____ College / School. I believe that I have

been subjected to discrimination on the basis of my disability, in violation of MUSC's policies, by _____.

(Name of Staff Person, Department or Office)

I requested the following accommodation: *(Attach additional pages, if necessary)*

My College Coordinator's (and or the 504 ADA Student Coordinator) response: *(Attach additional pages, if necessary.)*

I believe this response is insufficient because: *(Attach additional pages, if necessary.)*

I understand that if I am found to have willfully misstated any material fact in this complaint I may have violated University Policy and can be subject to disciplinary action.

Signed: _____ / Date: _____

Received by the University 504 ADA Student Coordinator

By: _____ / Date: _____

Revised on September 19, 2007